

## Staff Application for PDSB Library Card

Name: \_\_\_\_\_  
(Last) (First)

Department: \_\_\_\_\_

**Building/Classroom Number:** \_\_\_\_\_

Phone Extension: \_\_\_\_\_

**I agree to return materials borrowed on time. If I need more time, I will renew materials. If I should damage or lose any materials, I will pay for them.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_